

<b>Policy title</b>	<b>Circumcision v1.1</b>
<b>Policy position</b>	<b>Criteria Based Access</b>
<b>Date of Forum recommendation</b>	<b>June 2019</b>

Circumcision is a surgical procedure to remove the foreskin (prepuce) of the penis. Circumcision is funded for medical reasons for the following indications:

- Penile malignancy/suspected cancer
- Traumatic foreskin injury where the foreskin cannot be salvaged
- Congenital urological abnormality where skin grafting is required
- Pathological phimosis; where scarring of the foreskin makes it non retractable. A common cause of pathological phimosis is lichen sclerosus (LS). Referral to secondary care for management should be made. Circumcision will be considered after failure of the use of topical steroids or in severe disease when a dermatologist or urologist advises that circumcision is the only appropriate management. In the event of an uncertain diagnosis a histological assessment should be performed prior to circumcision.
- Recurrent paraphimosis where the foreskin is retracted and cannot be returned back to the end of the penis using conservative measures.
- Severe recurrent balanitis/balanoposthitis; inflammation of the head of the penis (balanitis) and/or inflammation of the foreskin (posthitis) where hygiene measures and the use of other conservative measures where appropriate, for example emollients, topical steroids, anti-fungals, oral antibiotics, have been tried and failed.
- Exceptionally, recurrent febrile urinary tract infections in children with abnormal urinary tracts.

Conservative management is preferable for all other common conditions of the foreskin, including physiological phimosis, paraphimosis, balanitis and posthitis

All children who are capable of expressing a view should be involved in decisions about whether they should be circumcised, and their wish taken into account. For further advice including information on parental consent, refer to: British Medical Association (2006) The law and ethics of male circumcision-Guidance for doctors.

#### **Glossary:**

- Phimosis: a tight foreskin, which may be physiological or pathological.
- Physiological phimosis: a normal foreskin where non-retractability is due to 'physiological' congenital adherence of the inner prepuce to the glans penis. There is no evidence of scarring.
- Pathological phimosis: a condition associated with scarring of the foreskin opening leading to symptoms and non-retractability of the prepuce, usually due to Lichen Sclerosus.
- Lichen Sclerosus: a chronic, scarring, inflammatory skin condition of unknown cause that leads to narrowing of the foreskin opening and a true pathological phimosis (balanitis xerotica obliterans BXO is an old fashioned descriptive term and is not a pathological diagnosis)
- Paraphimosis: inability to replace the foreskin after retraction
- Balanoposthitis: acute inflammation of the foreskin and glans penis.

#### **References:**

1. British Association of Dermatologists - BAD (2018) Guidelines for the management of lichen sclerosus
2. Clinical Knowledge Summaries (2018) Balanitis – management. (Last revised February 2018) British Association for Sexual Health and HIV – BASHH (2008) UK National Guideline on the Management of Balanoposthitis RCS Commissioning Guide (2013): Foreskin Conditions Quality standard QS90 (2015) Urinary tract infections in adults
3. NICE CG54 (2007) Urinary tract infection in under 16s: diagnosis and management (Last updated: October 2018)
4. Canadian Urological Association (2017) guideline on the care of the normal
5. foreskin and neonatal circumcision in Canadian infants (full version)
6. The European Association of Urology – EAU (2016) Guidelines on Penile Cancer
7. European Society for Paediatric Urology (2015) Guidelines on Paediatric Urology
8. Edwards et al (2013) European guideline for the management of balanoposthitis

#### **NOTE:**

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

**Clinical coding:**

OPCS Code: N303 Circumcision

Key words: Circumcision